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☐	L4	L3 and l2	7
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☐	L5	(ANTI-CATHEPSIN | ANTI-CATHEPSINS | ANTI-CATHESPIN)!	102
☐	L6	(ANTICATHEPSIN)!	14
☐	L7	(ANCA)!	778
☐	L8	(PANCA)!	121
☐	L9	(P-ANCA | P-ANCAS | P-ANCA-CONTAINING | P-ANCA-POSITIVE | P-ANCA-SPECIFIC)!	56
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☐	L13	mpo.clm. or lf.clm. or cat-g.clm. or (cat near g).clm.	390
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☐	L16	l3.clm. and lactoferrin.clm.	10

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Digestive diseases and sciences.

Imprint:	[New York, Plenum Pub. Corp.] 1979-
Notes:	Available on ADONIS, v. 36, no. 1 (1991) - 47, no. 12 (2002) Supplements accompany some issues.
ISSN:	0163-2116
Subjects:	Nutrition -- Periodicals. Digestive organs -- Diseases -- Periodicals.
Description:	v. ill. 28 cm.
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☐	L12	(L10 same l3) not l4	16

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Gastroenterology

April 1993 • Volume 104 • Number 4

Gut lavage fluid protein concentrations: Objective measures of disease activity in inflammatory bowel disease

C P Choudari [MEDLINE LOOKUP]
S O'Mahony [MEDLINE LOOKUP]
G Brydon [MEDLINE LOOKUP]
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Abstract

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BACKGROUND: Fluid obtained by whole gut lavage normally contains traces of immunoglobulin (Ig) G, albumin, and alpha-1-antitrypsin; higher concentrations have been found in patients with inflammatory bowel disease (IBD).
METHODS: In a prospective study, 53 lavages were performed in 45 IBD patients (27 Crohn's disease, 18 ulcerative colitis), in whom disease activity was simultaneously assessed by Crohn's Disease Activity Index or Powell Tuck index. Concentration of IgG in lavage fluid was measured by enzyme-linked immunosorbent assay, and of albumin and alpha-1-antitrypsin by immunoturbidimetry.
RESULTS: For IgG, concentrations in lavage fluid correlated closely with activity indices: in Crohn's disease, $r = 0.723$ ($P < 0.0001$), in ulcerative colitis, $r = 0.714$ ($P < 0.0001$). Results for albumin and alpha-1-antitrypsin concentrations were similar to those for IgG, but they were less sensitive in detecting active disease. However, this method cannot be used as a diagnostic test for IBD; normal results were obtained for IgG in 6 (all inactive) of 42 lavages in patients who had unequivocal radiological or endoscopic abnormalities.
CONCLUSIONS: Assay of protein concentrations in gut lavage fluid is a simple, objective means of grading disease activity in patients with IBD; its potential uses are likely to be in the evaluation of complex cases and in clinical trials.
(Gastroenterology 1993 Apr;104(4):1064-71)

Publishing and Reprint Information

TOP

• *Gastro-Intestinal Unit, Western General Hospital, Edinburgh, Scotland.*

Serologic Assays for Distinguishing Ulcerative Colitis and Crohn's Disease

Continued...

knowledge of the DNase sensitivity of P-ANCA detected in the IBD patient offers no advantage for classifying the IBD as UC or CD.

Based on data from animal studies, exposure to microbial antigens has been hypothesized to precipitate the development of CD. As indirect support for this hypothesis, sera from approximately 80% of CD patients contain IgG antibodies to a cell wall phosphopeptidomannan of Saccharomyces cerevisiae (hereafter abbreviated Sc). Approximately 50% of Sc IgG-positive CD patients are also Sc IgA-positive, and detection of both IgG and IgA to Sc is associated with fistulizing and fibrosing complications of CD. Approximately 20% of UC patients are also positive for Sc IgG; however, Sc IgA is extremely rare in UC. In CD patients, Sc antibody levels usually normalize within a few years after surgical resection, suggesting that the Sc antibody response is triggered by uptake of the organism across the damaged mucosal barrier. Inconsistent with this view, however, is the lack of increased levels of antibodies to other yeasts found in the intestinal tract, such as Candida.

Benefits of Combination Testing

Although P-ANCA predominates in UC patients and Sc IgG predominates in CD, the overlapping subsets for each serologic marker leaves room for error when using the individual assays to classify IBD patients. Recent studies have shown, however, that the predictive performance of these assays is enhanced if they are considered together. These findings were confirmed in validation studies performed at Focus Technologies using a panel of sera from clinically defined CD patients, clinically defined UC patients, and healthy controls. The findings of this in-house study are summarized in Table 1 on the previous page. Although Sc IgG detection had the highest sensitivity for CD, the P-ANCA-negative Sc IgG-positive reactivity pattern observed in combined testing had a higher specificity and PPV for CD than did Sc IgG detection alone (see results in bold under CD). Although Sc IgA detection (with or without Sc IgG) had the highest specificity and PPV for CD, its sensitivity was quite low. Similarly, P-ANCA detection was the most sensitive test for UC, but the P-ANCA-positive Sc IgG-negative reactivity pattern showed higher specificity and PPV for UC (see results in bold under UC). Thus, combined testing for P-ANCA and Sc antibodies is a useful tool that can be used in conjunction with clinical findings to distinguish CD and UC in an IBD patient group.

Lactoferrin Detection to Differentiate IBD and IBS

Focus also offers Stool Lactoferrin Detection, EIA, to differentiate true inflammatory bowel disease from active irritable bowel syndrome. The lactoferrin test is available as an individual assay or part of a panel.

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Code #	Test Description
5800	**Inflammatory Bowel Disease Assessment Panel** *Panel Includes:* Lactoferrin Detection EIA (Stool); S. Cerevisiae Antibody Panel, ELISA; and Anti-Neutrophil Cytoplasmic Antibody (ANCA) *Preferred Specimen:* 2 mL serum (minimum 1 mL) or 1 gram fresh or preserved stool ≤48 hours post collection — *Transport Temperature:* 2-8° C *or* **FROZEN** if >48 hours — *CPT Code:* 86671 x 2; 86255; 83516
5515	**Inflammatory Bowel Disease Differentiation Panel** *Panel Includes:* S. Cerevisiae Antibody Panel, ELISA; and Anti-Neutrophil Cytoplasmic Antibody (ANCA) *Preferred Specimen:* 2 mL serum (minimum 1 mL) — *Transport Temperature:* 2-8° C — *CPT Code:* 86671 x 2; 86255
52800	**Lactoferrin Detection, EIA (Stool)** *Preferred Specimen:* 1 gram fresh or preserved stool ≤48 hours post collection — *Transport Temperature:* 2-8° C *or* **FROZEN** if >48 hours — *CPT Code:* 83516
40237	***Saccharomyces cerevisiae* Antibody Panel, ELISA** *Preferred Specimen:* 1 mL serum (minimum 0.5 mL) — *Transport Temperature:* 2-8° C — *CPT Code:* 86671 x 2

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